

You Can Make a Difference

Senior Companions enrich the lives of those they serve. It may be just a few hours of reminiscing, sharing a cup of coffee, a trip to the grocery store, finding needed resources for their clients, playing cards, games or allowing the caregiver a few hours of much needed respite. These simple acts will help their clients achieve and maintain their highest level of independent living.

Senior Companions are making a difference!

The Senior Companion Program is sponsored by **EightCAP, Inc.**

Funds are provided by grants from the Michigan Office of Services to the Aging and the Corporation for National and Community Service.

Senior Companion Requirements:

- At least 55 years of age
- Meet income eligibility
- Willing to serve 15 hours a week

No other experience or educational requirements are needed to become a Senior Companion Volunteer.

Following 40 hours of orientation training, Senior Companions are assigned to adults with special or exceptional needs. These assignments may be in -home, respite centers, nursing homes, adult foster care homes or adult day care centers.



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*Volunteer Service
providing
heart-warming smiles*

Senior Companion Program



You may have a neighbor that needs a helping hand Reach out.

Program Goals

- Enable low-income persons age 55 and over to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community service.
- Provide supportive services to adults with physical, emotional, or mental limitations in an effort to achieve and maintain their highest level of dignity and independent living.
- Make a difference in the lives of those who need a special friend.

Senior Companion Benefits:

- A stipend (tax-free money)
- Mileage reimbursement
- A meal each day of service
- An annual physical examination
- Excess auto coverage for volunteers driving their own cars during hours of service
- Accident and personal liability insurance during hours of service
- Recognition for volunteer services
- Monthly trainings
- Socializing with other volunteers



Pre-Application

Name: _____

Address: _____

City: _____ Zip: _____

County: _____

Phone: _____ - _____ - _____

Do you drive ? Yes No

Do you own a vehicle ? Yes No

Date of Birth: _____

Approximate monthly income: _____

How did you hear about our program:

Physical Condition: Good Fair Poor

Why do you wish to be a Senior Companion?

Do you have any hobbies or special skills ?
